

Holiday Giving Catalog Contribution Form



Please sign and return it to the CFD state office at:
PO Box 40250 (Mail Stop #40250)
Olympia WA 98504

☐ New Donor ☐ Add To My Current Donation(s) ☐ Cancel My Donation(s)

Please completely fill in the information below. (Clearly Print)

Name (Last, First, MI) _____ Employee ID # _____

Agency/Campus _____ County of Work _____

Email _____ Work Phone _____

☐ Monthly Donation ☐ One-Time Donation

Fill in your donation information. Please make donations by check **payable to the Combined Fund Drive.**

Charity Code	Charity Name	Amount

☐ Yes, I would like to dedicate my gift to someone

☐ In honor of ☐ In memory ☐ On behalf of

Recipient Name _____

Address _____ State _____ Zip Code _____

By signing this form I understand that once started, my monthly payroll deduction will continue automatically unless changed by either completing a new Contribution Form, updating my donation account online at www.cfd.wa.gov, canceled by checking the cancel box or by written notice to the CFD office. In signing this form I acknowledge that my donation(s) will be updated per the guidelines and information provided above. I hereby authorize the State of Washington to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.

Please Sign and Date

X

(your signature is required to process donation)

Date _____

☐ I wish to donate
anonymously